



Substance Use Disorder-Client Services Discharge (CSD) Form

(Please refer to "SUD-CSD Instructions_rev-June2010.pdf" for assistance with completing this form)

Section A: Demographics

1. Agency Name & Site: _____
2. Client Name: _____ 3. Client ID#: _____ 4. Date of Birth: _____
5. Current Client Phone#s (Mobile, Home & Work): _____
6. Collateral Contact (Name, Title & Phone): _____

Section B: Non-Clinical Discharge Questions

7. Services being Discharged: _____
8. Reason for Discharge: _____
9. If Reason is "Other" Describe Reason: _____
10. Last Billable Date of Service Prior to Client's Discharge: _____
11. List all (if any) Continuing Services for the Client: _____

Section C: Clinical Discharge Questions

-Substance Involved & Frequency of Use-

12a. Primary:	12b. Frequency of Use:
13a. Secondary:	13b. Frequency of Use:
14a. Tertiary:	14b. Frequency of Use:

-Client Status at Discharge-

15. Living Arrangements:
16. Employment Status (code):
17. Number of Arrests in the 30 Days Prior to Discharge:
18. The number of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA and other self-help/mutual support groups focused on recovery from substance abuse and dependence:
19. DSM IV Diagnosis Code at Discharge:

****Note: This Form is a Discontinuation of Service Authorization "Only". (This form does not replace the Discharge Summary requirements per IDAPA 16.06.03)**

Section D

20. Provider Name & Title: _____ (please print)
21. Provider Signature: _____ 22. Date: _____